FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL

OMB Number: 3235-0076

April 30, 2008 **Expires** Estimated average burden

hours per response: 16.00

NOTICE OF SALE OF SECURITIES	SEC USE ONLY
06047476 PURSUANT TO REGULATION D, SECTION 4(6), AND/OR	Prefix Serial
UNIFORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) Goldman Sachs Currency Trading Opportunities Fund plc: Shares	1297481
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐	Section 4(6) ULOE
Type of Filing: ☐ New Filing ☑ Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Goldman Sachs Currency Trading Opportunities Fund plc	
Address of Executive Offices (Number and Street, City, State Zip Code) Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland	Telephone Number (including Area Code)
Address of Principal Business Operations (Number and Street, City, State and Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code) RECEIVED
Brief Description of Business To operate as a private investment fund. NOV 1 3 2006 E THOMSON	OCT 1 7 2006
Type of Business Organization corporation business trust FINANCIAL limited partnership, already formed limited partnership, to be formed	☑ other (please apecity). Public Limited Company
Actual or Estimated Date of Incorporation or Organization: Month Year 0 6 0 4	☐ Actual ☑ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation State: CN for Canada: FN for other foreign juri	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA												
2. Enter the information requested for the following:												
* Each promoter of the issuer, if the issuer has been organized within the past five years;												
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a of the issuer;	class of equity securities											
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partner	rship issuers; and											
Each general and managing partner of partnership issuers.												
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Ge	eneral and/or anaging Partner											
Full Name (Last name first, if individual)												
Goldman, Sachs & Co.												
Business or Residence Address (Number and Street, City, State, Zip Code)												
85 Broad Street, New York, New York 10004												
	eneral and/or anaging Partner											
Full Name (Last name first, if individual)												
Dilworth, James	.=											
Business or Residence Address (Number and Street, City, State, Zip Code)												
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland												
	eneral and/or anaging Partner											
Full Name (Last name first, if individual)												
Ennis, Frank												
D 1 D 11 A 11 (N) 1 A 10 A												
Business or Residence Address (Number and Street, City, State, Zip Code)												
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland												
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply:	eneral and/or anaging Partner											
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply:												
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ G												
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ G M Full Name (Last name first, if individual)												
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply:												
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply:												
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply:	anaging Partner											
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply:	anaging Partner											
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ General Name (Last name first, if individual) Perlowski, John M. Business or Residence Address (Number and Street, City, State, Zip Code) Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ General Name (Last name first, if individual) Regan, Eugene Business or Residence Address (Number and Street, City, State, Zip Code)	anaging Partner											
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director M Full Name (Last name first, if individual) Perlowski, John M. Business or Residence Address (Number and Street, City, State, Zip Code) Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director GM Full Name (Last name first, if individual) Regan, Eugene Business or Residence Address (Number and Street, City, State, Zip Code) Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland	anaging Partner											
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Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply:	eneral and/or											
Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland Check Box(es) that Apply:	eneral and/or											

548682.10 2 of 9 SEC 1972 (2-97)

Block D, Iveagh Court, Harcourt Road, Dublin 2, Ireland

	, s 3 , s	A. BASIC IDENTI	FICATION DATA									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner							
Full Name (Last name first, if in	idividual)											
Shuch, Alan		·										
Business or Residence Address (Number and Street, City, State, Zip Code)												
Block D, Iveagh Court, Harco	urt Road, Dubl	in 2, Ireland			· ·							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if in	ndividual)											
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		g							
Check Box(es) that Apply:	☐ Promoter.	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner							
Full Name (Last name first, if in	ndividual)	,										
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if in	ndividual)											
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if in	ndividual)				-							
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)									
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	□ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if in	ndividual)				•							
Business or Residence Address	(Number and	Street, City, State, Zip Co	nde)	2.2.								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if in	ndividual)	,		,								
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if in	ndividual)											
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)									

548682.10 3 of 9 SEC 1972 (2-97)

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•		· ·									Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											\square	
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?										\$ 1,000,000*		
*The Issuer may accept subscriptions for Shares for lesser amounts, provided however, that when aggregated with all other subscriptions by the same investor, it shall not be less than £250,000 or its foreign currency equivalent.											Yes	No
other subs	criptions b	y the same	investor, it	shall not b	e less than	€250,000 d	r its foreig	n currency	equivalent	•	Ø	
Does the offering permit joint ownership of a single unit?												
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										·		
Full Name	(Last name	first, if ind	lividual)									
Goldman,	Soobe R. C	'n										
			Number and	Street, City	y, State, Zip	Code)			•			
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Name of A	ssociated b	TOKET OF DE	ealer			f		•				
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[עד]	[VT]	[VA]	{WA}	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	lividual)						•			
Business o	r Residence	Address (Number and	Street, City	y, State, Zip	Code)	•					
		5										
Name of A	ssociated B	troker or De	ealer									
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[MT]	[NE]	[NV]	(NH)	[K1]	[NM]	[NY]	[NC]	(MA)	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name				[14,45]	[01]	[, .]	[, , , ,]	[,,,,,		[]		()
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N- 7:			1									
Name of A	ssociated B	roker or De	ealer		•							
			s Solicited									
(Check "All States" or check individual States)								•••••	0	All States		
[AL]	· [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE] 1	[DC]	[FL]	[GA]	(HI)	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT].	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

COFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			-		
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$_	0	_ \$	·_	0
	Equity (Ordinary Shares)	\$_	12,304,913	_ \$	·	12,304,913
	☑ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$_	0	_ \$	·	0
	Partnership Interests	\$_	0	_ \$	_	0
	Other ()	\$_	0	<u> </u>	_	0
	Total	\$_	12,304,913	_ \$	<u> </u>	12,304,913
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors			Dollar Amount of Purchases
	Accredited Investors	_	8	_ \$	·_	12,304,913
	Non-accredited Investors		0	_ \$	<u> </u>	0
	Total (for filings under Rule 504 only)	_	N/A	\$	·	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			-		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					D. 11.
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505		N/A	S	5	N/A
	Regulation A	_	N/A	 S	. —	N/A
	Rule 504	_	N/A	- ` \$	· —	N/A
	Total	_	N/A	- `	· —	N/A
		-	. 4.2	- `		
t! tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.			•	•	
	Transfer Agent's Fees			\$	<u> </u>	00
•	Printing and Engraving Costs			. \$	<u> </u>	0
	Legal Fees		Ø	•	<u> </u>	104,546
	Accounting Fees			\$	<u> </u>	0
	Engineering Fees			5	 }	0
	Sales Commissions (specify finders' fees separately)		₩.	\$	<u> </u>	0
	Other Expenses (identify)			5	<u> </u>	0
*	Total		_ ☑		<u> </u>	104,546
	1 VM		44	4		-3 194 10

	C. OFFERING PRICE, NUMBER OF INVI	ESTORS, EXP	ENS	ES A	ND USE OF PI	ROCE	EDS	
	b. Enter the difference between the aggregate offering price give - Question 1 and total expenses furnished in response to Part C difference is the "adjusted gross proceeds to the issuer."	C - Question 4.a.	Thi	is		\$_	1	2,200,367
5.	Indicate below the amount of the adjusted gross proceeds to the it to be used for each of the purposes shown. If the amount for any furnish an estimate and check the box to the left of the estimate payments listed must equal the adjusted gross proceeds to the issued Part C - Question 4.b. above.	purpose is not knate. The total	nowi of th	1, ie				
		,			Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0		\$	0
	Purchase of real estate			\$	0		\$	0
	Purchase, rental or leasing and installation of machinery and equip	oment		s –	0		s —	. 0
	Construction or leasing of plant buildings and facilities			_	0	- 	<u> </u>	0
	Acquisition of other businesses (including the value of securities this offering that may be used in exchange for the assets or	involved in securities of		_	•	- -	*-	<u>`</u>
	another issuer pursuant to a merger)	••••••••		\$ _	0	_ 🗖	\$	0
	Repayment of indebtedness			\$ _	0		s	0
	Working capital			\$	0		\$	0
	Other (specify): <u>Investment Capital</u>			\$_	0	2	\$	12,200,367
	Column Totals			s	0	2	\$	12,200,367
	Total Payments Listed (column totals added)		***		z \$	12,20	0,367	· .
	D. FEDERA	AL SIGNATUI	RE				<u> </u>	
fe	the issuer has duly caused this notice to be signed by the undersibllowing signature constitutes an undertaking by the issuer to furnifits staff, the information furnished by the issuer to any non-accredit	st to the U.S. Se	cyriti	ies and	1 Exchange Comr	nission,	upon '	Rule 505, the written request
Go	ler (Print or Type) Idman Sachs Currency Trading Opportunities and plc	M	· · ·		Date October 16, 20)06		
	ne of Signer (Print or Type) Title of Signer Authorized Pe	(Print or Type)						
		•	-					
	\$							•

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).